

10/584207

AP20 Rec'd PCT/PTO 23 JUN 2006

APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of Copies of CRF::	1
Title::	Methods for Detecting Markers Associated with Endometrial Disease or Phase
Attorney Docket Number::	MTS5USA
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	39
Small Entity::	Yes
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	No
Contract or Grant Number::	
Secrecy Order in Parent Application::	No

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Terence
Middle Name::	J.
Family Name::	Colgan
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	46 Plymbridge Road
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M2P 1A3

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Michael
Middle Name::	K.W.
Family Name::	Siu
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	27 Cobblestone Drive
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M2J 2X6

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Alexander
Middle Name::	D.
Family Name::	Romaschin
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	3 Broadfield Drive
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M9C 1L4

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Eric
Middle Name::	C.C.
Family Name::	Yang
Name Suffix::	
City of Residence::	Toronto
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	23 Elynhill Drive
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M2R 1C5

Correspondence Information	
Correspondence Customer Number::	00270
Name::	Howson and Howson
Street of Mailing Address	Suite 210, 501 Office Center Drive
City of Mailing Address	Fort Washington
State or Province of Mailing Address	PA
Country of Mailing Address	US
Postal or Zip Code of Mailing Address::	19034
Phone Number::	215-540-9200
Fax Number::	215-540-5818
E-Mail Address::	mebak@howsonandhowson.com

Representative Information		
Representative Customer No. 00270	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	National Stage of	PCT/CA2004/002172	12/21/04
PCT/CA2004/002172	An application claiming the benefit under 35 USC 119(e) of	60/532,601	12/23/03
PCT/CA2004/002172	An application claiming the benefit under 35 USC 119(e) of	60/630,990	11/24/04

Assignee Information	
Assignee Name::	Mount Sinai Hospital
Street of Mailing Address::	600 University Avenue, Room 970
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5G 1X5

Assignee Information	
Assignee Name::	York University
Street of Mailing Address::	4700 Keele Street, Ross Building, Room N945
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M3J 1P3

Assignee Information	
Assignee Name::	University Health Network
Street of Mailing Address::	610 University Avenue
City of Mailing Address::	Toronto
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	M5G 2M9